

CARLSMITH BALL LLP
Carlsmith Building, Capitol Hill
P.O. Box 5241
Saipan, MP 96950-5241
Tel No. 670.322.3455

Attorneys for Defendant
Maeda Pacific Corporation

UNITED STATES DISTRICT COURT
FOR THE
NORTHERN MARIANA ISLANDS

TOSHIHIRO TAKAHASHI,
Plaintiff,

vs.

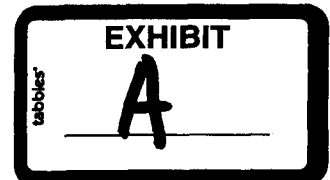
MAEDA PACIFIC CORPORATION,
Defendant.

CIVIL ACTION NO. CV 05-0026

**DEFENDANT MAEDA PACIFIC
CORPORATION'S FIRST SET OF
INTERROGATORIES TO PLAINTIFF
TOSHIHIRO TAKAHASHI**

TO: 'TOSHIHIRO TAKAHASHI
and his attorney

Defendant MAEDA PACIFIC CORPORATION requests that Plaintiff TOSHIHIRO TAKAHASHI answer under oath the attached interrogatories. Answers to the interrogatories must be served upon the undersigned within thirty (30) days after the service of these interrogatories on you. It is requested that you provide two (2) copies of the answers. These interrogatories are continuing, pursuant to FRCP 26(e), so as to require supplemental answers if you obtain or recall further information between the time the answers are served and the time of trial.



1 **INTERROGATORY NO. 17:**

2 State the name and address of all doctors, physicians and healthcare providers which Plaintiff has
3 seen for any injury sustained by Plaintiff in the occurrence.

4 **RESPONSE 17:**

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9 **INTERROGATORY NO. 18:**

10 As to each doctor, physician or healthcare provider identified in the preceding interrogatory,
11 state:

- 12 a) The date(s) on which Plaintiff saw such doctor, physician, or healthcare provider;
- 13 b) the reason for seeing such doctor, physician or healthcare provider; and
- 14 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on
15 each date.

16 **RESPONSE 18:**

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21 **INTERROGATORY NO. 19:**

22 State the name and address of all doctors, physicians and healthcare providers which Plaintiff has
23 seen for any reason for the period of time January 1, 2000 to the date of the occurrence.

24 **RESPONSE 19:**

25

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1 **INTERROGATORY NO. 20:**

2 As to each doctor, physician or healthcare provider identified in the preceding interrogatory,
3 state:

- 4 a) The date(s) on which Plaintiff saw such doctor, physician or healthcare provider;
5 b) the reason for seeing such doctor, physician or healthcare provider on each occasion;

6 and

7 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on each
8 date.

9 **RESPONSE 20:**

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14 **INTERROGATORY NO. 21:**

15 State the total and itemize by provider, the amount of medical expenses incurred to date by
16 Plaintiff as a result of the occurrence.

17 **RESPONSE NO. 21:**

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22 **INTERROGATORY NO. 22:**

23 State the name and address of each hospital, clinic or other medical facility in which Plaintiff has
24 been examined or received treatment since the date of the occurrence, and the date(s) of each
25 examination or treatment at each identified hospital, clinic or other medical facility.

26 **RESPONSE NO. 22:**

1 **RESPONSE NO. 29:**

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3
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6 **INTERROGATORY NO. 30:**

7 If the answer to the preceding interrogatory is in the affirmative, state:

- 8 a) The number of photographs;
9 b) a description of objects or scenes depicted by the photographs; and
10 c) the present custodian of such photographs.

11 **RESPONSE NO. 30:**

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13
14
15
16 **INTERROGATORY NO. 31:**

17 Does Plaintiff have any permanent injuries as a result of the occurrence, and if so, state the
18 nature and extent of such permanent injuries to the best of your knowledge?

19 **RESPONSE NO 31:**

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23
24 **INTERROGATORY NO. 32:**

25 If you have suffered any financial loss as a result of the occurrence, state each amount, itemizing
26 all such losses including loss in wages, salary, or business.

27 **RESPONSE NO. 32:**

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3
4 **INTERROGATORY NO. 33:**

5 If as a result of the occurrence you lost any time from any occupation or employment, state:

- 6 a) The name and address of your employer;
7 b) the dates on which you lost any time from any occupation or employment;
8 c) the average weekly income received by you from your work as of the date of the
9 occurrence; and
10 d) the amount of income you claim you lost as a result of the occurrence.

11 **RESPONSE NO. 33:**
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16 **INTERROGATORY NO. 34:**

17 If you are claiming any loss of future earning capacity and/or diminished earning capacity, state:

- 18 a) The factual basis for such claimed loss of future earning and/or diminished earning
19 capacity; and
20 b) the amount you claim for loss of future earning capacity and/or diminished earning
21 capacity.

22 **RESPONSE NO. 34:**
23
24
25
26

27 **INTERROGATORY NO. 35:**

28 State your current employer, your job title and current wages or salary.

TORRES BROTHERS & FLORES, LLC.
VICTORINO DLG. TORRES, ESQ.

Attorneys at Law
P.O. Box 501856
Saipan, MP 96950
Bank of Guam Bld. 3rd Flr.
Tel.: (670) 233-5506
Fax: (670) 233-5510
Attorneys for Plaintiff

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN MARIANA ISLANDS**

TOSHIHIRO TAKAHASHI,

Plaintiff,

vs.

MAEDA PACIFIC CORPORATION,

Defendant.

CIVIL ACTION NO. CV 05-0026

**PLAINTIFF'S RESPONSE TO
DEFENDANT'S FIRST SET OF
INTERROGATORIES**

Plaintiff hereby answers and objects to Defendant's First Set of Interrogatories as follows:

GENERAL OBJECTIONS

Plaintiff objects to several questions requiring Plaintiff to provide information appropriate through request for production and on the basis that it seeks for information not discoverable through interrogatories. But, in the spirit of cooperation, the medical records and billings will be provided upon request.

**SPECIFIC RESPONSE AND OBJECTIONS TO
INTERROGATORIES**

INTERROGATORY NO. 1

State as accurately as you are able the date and time of the allege occurrence ("occurrence") which is subject to your lawsuit.

RESPONSE 1:

EXHIBIT

A-1

COPY

1 **RESPONSE 16:**

2 Yes, eye glasses.

3
4 **INTERROGATORY NO. 17:**

5 State the name and address of all doctors, physicians and healthcare providers which
6 Plaintiff has seen for any injury sustained by Plaintiff in the occurrence.

7 **RESPONSE 17:**

8 Plaintiff objects on the basis that it seeks for information not discoverable and not
9 appropriate through interrogatories. It further seeks for matters appropriate for request for
10 production. The medical records and billings speak for themselves and they will be provided
11 upon request.

12
13 **INTERROGATORY NO. 18:**

14 As to each doctor, physician or healthcare provider identified in the preceding interrogatory,
15 state:

- 16 a) The date(s) on which Plaintiff saw such doctor, physician, or healthcare provider;
17 b) the reason for seeing such doctor, physician or healthcare provider; and
18 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on each
19 date.

20 **RESPONSE 18:**

21 Please refer to medical records and billings.

22 **INTERROGATORY NO. 19:**

23 State the name and address of all doctors, physicians and healthcare providers which
24 Plaintiff has seen for any reason for the period of time January 1, 2000 to the date of the
25 occurrence.

26
27 **RESPONSE 19:**
28

1 Plaintiff objects on the basis that it seeks for information not discoverable and not
2 appropriate through interrogatories. It further seeks for matters appropriate for request for
3 production. The medical records and billings speak for themselves and they will be provided
4 upon request.

5
6 **INTERROGATORY NO. 20:**

7 As to each doctor, physician or healthcare provider identified in the preceding
8 interrogatory, state:

- 9 a) The date(s) on which Plaintiff saw such doctor, physician or healthcare provider;
10 b) the reason for seeing such doctor, physician or healthcare provider on each occasion;
11 and
12 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on each
13 date.

14
15 **RESPONSE 20:**

16 N/A

17
18 **INTERROGATORY NO. 21:**

19 State the total and itemize by provider, the amount of medical expenses incurred to date by
20 Plaintiff as a result of the occurrence.

21 **RESPONSE NO. 21:**

22 Plaintiff objects on the basis that it seeks for information not discoverable and not
23 appropriate through interrogatories. It further seeks for matters appropriate for request for
24 production. The medical records and billings speak for themselves and they will be provided
25 upon request.

26
27 **INTERROGATORY NO. 22:**

1 State the name and address of each hospital, clinic or other medical facility in which
2 Plaintiff has been examined or received treatment since the date of the occurrence, and the
3 date(s) of each examination or treatment at each identified hospital, clinic or medical facility.

4 **RESPONSE 22:**

5 Plaintiff objects on the basis that it seeks for information not discoverable and not appropriate
6 through interrogatories. It further seeks for matters appropriate for request for production. The
7 medical records and billings speak for themselves and they will be provided upon request.

8
9 **INTERROGATORY NO. 23:**

10 Describe in your own words, in detail, how the occurrence happened.

11
12 **RESPONSE 23:**

13 Mr. Ada and myself were working on the Remington billboard located at the front southern
14 end of the establishment. When I walked over to ask Mr. Ada if he could ask the backhoe
15 operator if he could scrape up the debris for the southern parking, I tripped on the pipe, which
16 scraped the front portion of my right leg, particularly my shin, above my ankle and then I fell
17 hard right onto the concrete pathway.

18
19 **INTERROGATORY NO. 24:**

20 State the name and address of every person known to Plaintiff's agents, representatives or
21 attorneys who witnessed the occurrence.

22
23 **RESPONSE 24:**

24 Mr. Keith C. Ada

25 Box 501235 CK

26 Cell. # 285-3274

27
28 Mr. Linus Mizutani

1 the nature and extent of such permanent injuries to the best of your knowledge?

2
3 **RESPONSE NO. 31:**

4 Plaintiff has suffered injuries which continue to affect his physical condition. The permanent
5 injury which Plaintiff suffers is the right index finger.

6
7 **INTERROGATORY NO. 32:**

8 If you have suffered any financial loss as a result of the occurrence, state each amount, itemizing
9 all such losses including loss in wages, salary, or business.

10
11 **RESPONSE NO. 32:**

12 The financial loss have not been calculated at this time but once they are available, it will be
13 made available.

14
15 **INTERROGATORY NO. 33:**

16 If as a result of the occurrence you lost any time from any occupation employment, state:

- 17 a) The name and address of your employer;
18 b) the dates on which you lost any time from any occupation or employment;
19 c) the average weekly income received by you from your work as of the date of the
20 occurrence; and
21 d) the amount of income you claim you lost as a result of the occurrence.

22
23 **RESPONSE NO. 33:**

24 Plaintiff is a business man. The exact lost of income is not available at this time.

25
26 **INTERROGATORY NO. 34:**

27 If you are claiming any loss of future earning capacity and/or diminished earning capacity,
28 state:

1 a) The factual basis for such claimed loss of future earning and/or diminished earning
2 capacity; and

3 b) the amount you claim for loss of future earning capacity and/or diminished earning
4 capacity.

5
6 **RESPONSE NO. 34:**

7 Plaintiff objects on the bases of vagueness and incomprehensibility. Plaintiff has suffered
8 permanent injury to his finger. This injury of course affects his physical condition. The exact
9 amount of loss for future earning capacity is difficult to determine but if the exact number is
10 determined, it will be provided.

11
12 **INTERROGATORY NO. 35:**

13 State your current employer, your job title and current wages or salary.

14
15 **RESPONSE NO. 35:**

16 Businessman and earns about \$20,000.00 monthly.

17
18 **INTERROGATORY NO. 36:**

19 Has Plaintiff ever been involved in any type of accident prior to the date of the occurrence?

20 **RESPONSE NO. 36:**

21 No.

22
23 **INTERROGATORY NO. 37:**

24 If the answer to the preceding interrogatory is in the affirmative, state the date and
25 location of any such accident(s) and give a brief description of each accident.

26 **RESPONSE NO. 37:**

27 N/A.

CARLSMITH BALL LLP

A LIMITED LIABILITY LAW PARTNERSHIP

CARLSMITH BUILDING, CAPITOL HILL

P.O. BOX 5241

SAIPAN, MP 96950-5241

TELEPHONE 670.322.3455 FAX 670.322.3368

WWW.CARLSMITH.COM

DIRECT DIAL NO.

JOSBORN@CARLSMITH.COM

OUR REFERENCE NO.:
058671-00001

November 2, 2005

VIA U.S. MAIL AND FACSIMILE

Victorino DLG Torres
Torres Brothers & Flores, LLC
P.O. Box 501856
Bank of Guam Bldg., Third Floor
Saipan, MP 96950

Re: Takahashi v. Maeda Pacific

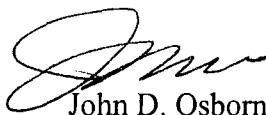
Dear Vic:

This will acknowledge receipt of the responses to interrogatories provided by Plaintiff. Please consider this letter as a request to meet and confer pursuant to our District Court Local Rules and F.R.C.P. 37. I believe some of the objections are not well founded and that some of the answers are either incomplete or non-responsive. This letter is being given as a prerequisite to a Motion to Compel if we are unable to resolve the matters listed below.

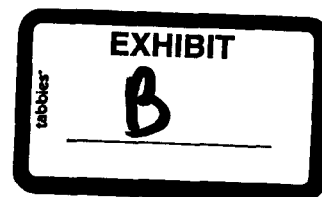
In particular I believe the objections to the following interrogatories are not well-founded: Interrogatory Nos. 17, 19, 21, 22, 34, and 42. I believe the answers to the following interrogatories are either incomplete or non-responsive: Interrogatory Nos. 2, 15, 18, and 20.

Please advise me of a convenient date, time and location so we can meet and confer regarding the above matters. I am available anytime except Friday morning November 4th, Monday morning November 7th, or Wednesday morning November 9th. We can meet at your office or my office, whichever you prefer. Please advise me by Friday November 4, 2005 of the date time and location for us to meet. I look forward to your response.

Sincerely,


John D. Osborn

JDO/osa
4818-6240-1536.1.058671-00001



CARLSMITH BALL LLP

A LIMITED LIABILITY LAW PARTNERSHIP

CARLSMITH BUILDING, CAPITOL HILL

P.O. Box 5241

SAIPAN, MP 96950-5241

TELEPHONE 670.322.3455 FAX 670.322.3368

WWW.CARLSMITH.COM

DIRECT DIAL NO.

JOSBORN@CARLSMITH.COM

OUR REFERENCE NO.:
058671-00001

November 10, 2005

VIA U.S. MAIL AND FACSIMILE

Victorino DLG Torres
Torres Brothers & Flores, LLC
P.O. Box 501856
Bank of Guam Bldg., Third Floor
Saipan, MP 96950

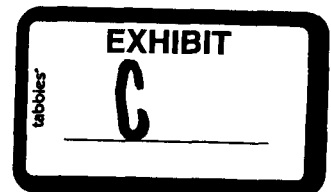
Re: Takahashi v. Maeda Pacific

Dear Vic:

This letter will serve to confirm the agreements reached at our "meet and confer" session this morning on the interrogatory answers previously submitted.

You have agreed to answer Interrogatories Nos. 17, 18, 19, 20, 21, 22, and 34 to the extent that information responsive to these interrogatories is available at this time. Regarding Interrogatory No. 42, you are going to "revisit" your answer and then respond accordingly. Regarding Interrogatory No. 15, you will inquire of your client and respond to subsection (a); all I am looking for is a general condition, i.e. nearsighted, farsighted, etc. I am satisfied with your response to Interrogatory No. 2 and no further response on that interrogatory will be needed.

You advised your client is returning to Saipan on either November 10th or November 13th. You will meet with him upon his return, have him execute the authorization for release of medical information, and respond further to the interrogatories by November 22, 2005. Just a reminder, these further answers need to be under oath as with the original responses.



HONOLULU · KAPOLEI · HILO · KONA · MAUI · GUAM · SAIPAN · LOS ANGELES

11/10/05

Victorino DLG Torres
November 10, 2005
Page 2

If what I have set out herein is not in accord with your understanding, please let me know immediately.

Sincerely,

A handwritten signature in black ink, appearing to read 'John D. Osborn', with a large, stylized initial 'J'.

John D. Osborn

JDO/osa

cc: Timothy Lujan, CSA
Thomas J. Nielsen

4816-8702-7456.1.058671-00001

TORRES BROTHERS & FLORES, LLC.

VICTORINO DLG. TORRES, ESQ.

Attorneys at Law

P.O. Box 501856

Saipan, MP 96950

Bank of Guam Bld. 3rd Flr.

Tel.: (670) 233-5506

Fax: (670) 233-5510

Attorneys for Plaintiff

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN MARIANA ISLANDS**

TOSHIHIRO TAKAHASHI,

Plaintiff,

vs.

MAEDA PACIFIC CORPORATION,

Defendant.

CIVIL ACTION NO. CV 05-0026

**PLAINTIFF'S RESPONSE TO
DEFENDANT'S FIRST SET OF
INTERROGATORIES**

Plaintiff hereby supplements his response to Defendant's First Set of Interrogatories as follows:

**SUPPLEMENTAL RESPONSES
INTERROGATORIES**

INTERROGATORY NO. 15:

If the answer to the preceding interrogatory is in the affirmative, state:

- a) The condition of Plaintiff's eyes for which such eyeglasses or corrective lenses were prescribed; and
- b) the prescription at the time of the occurrence.

RESPONSE 15:

At the time of the accident, Plaintiff was wearing his eye glasses and his vision was good and had no problem seeing correctly. Plaintiff does not know the exact prescription at this time.

EXHIBIT

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tabbies

1
2 **INTERROGATORY NO. 17:**

3 State the name and address of all doctors, physicians and healthcare providers which
4 Plaintiff has seen for any injury sustained by Plaintiff in the occurrence.

5 **RESPONSE 17:**

- 6 1. Dr. Ada whose place of business is near Bank of Hawaii Building in Puerto Rico. The
7 time of visit cannot be recalled but it was a couple months after the incident. The purpose
8 of the visitation was to get treatment and consultation for the right index finger which
9 continued to cause pain and suffering. The swelling continued. The specific treatment
10 cannot be recalled.
- 11 2. Pacific Medical Center. The time of visit was probably a day after the incident. The
12 purpose of the visit was for treatment on the multiple injuries suffered by the incident.
13 The specific treatment cannot be recalled.
- 14 3. Saipan Health Clinic. The time of visit cannot be recalled but it was probably a couple
15 months after the incident. The purpose of the visitation was to get treatment and
16 consultation for the right index finger which continued to cause pain and suffering. The
17 swelling continued. The specific treatment cannot be recalled.

18
19 The medical records and billings should further indicate the address of these clinics and
20 practitioners. Plaintiff will provide a medical authorization release form for the above medical
21 practitioners and clinic.

22
23 **INTERROGATORY NO. 18:**

24 As to each doctor, physician or healthcare provider identified in the preceding interrogatory,
25 state:

- 26 a) The date(s) on which Plaintiff saw such doctor, physician, or healthcare provider;
27 b) the reason for seeing such doctor, physician or healthcare provider; and
28

1 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on each
2 date.

3 **SUPPLEMENTAL RESPONSE 18:**

4 Please refer to response to #17.
5

6 **INTERROGATORY NO. 19:**

7 State the name and address of all doctors, physicians and healthcare providers which
8 Plaintiff has seen for any reason for the period of time January 1, 2000 to the date of the
9 occurrence.
10

11 **SUPPLEMENTAL RESPONSE 19:**

12 Plaintiff cannot recall having to visit doctors or physicians between January 01, 2000 to
13 the date of the occurrence. Plaintiff had not been involved to any personal injury between that
14 period requiring any medical attention or treatment.
15

16 **INTERROGATORY NO. 20:**

17 As to each doctor, physician or healthcare provider identified in the preceding
18 interrogatory, state:

19 a) The date(s) on which Plaintiff saw such doctor, physician or healthcare provider;

20 b) the reason for seeing such doctor, physician or healthcare provider on each occasion;

21 and

22 c) the treatment, if any, rendered by such doctor, physician or healthcare provider on each
23 date.
24

25 **SUPPLEMENTAL RESPONSE 20:**

26 Please refer to response to #17.
27

28 **INTERROGATORY NO. 21:**

1 State the total and itemize by provider, the amount of medical expenses incurred to date by
2 Plaintiff as a result of the occurrence.

3 **SUPPLEMENTAL RESPONSE NO. 21:**

4 Plaintiff does not know the total amount of medical expenses incurred to date but once
5 the total expenses is determined, they will be provided. Additionally, the medical records and
6 billings speak for themselves and they will be provided upon request.

7
8 **INTERROGATORY NO. 22:**

9 State the name and address of each hospital, clinic or other medical facility in which
10 Plaintiff has been examined or received treatment since the date of the occurrence, and the
11 date(s) of each examination or treatment at each identified hospital, clinic or medical facility.

12 **SUPPLEMENTAL RESPONSE 22:**

13 Please refer to response to #17.

14
15 **INTERROGATORY NO. 34:**

16 If you are claiming any loss of future earning capacity and/or diminished earning capacity,
17 state:

18 a) The factual basis for such claimed loss of future earning and/or diminished earning
19 capacity; and

20 b) the amount you claim for loss of future earning capacity and/or diminished earning
21 capacity.

22
23 **RESPONSE NO. 34:**

24 Plaintiff objects on the bases of vagueness and incomprehensibility. Plaintiff has suffered
25 permanent injury to his finger. This injury of course affects his physical condition. The exact
26 amount of loss for future earning capacity is difficult to determine but if the exact number is
27 determined, it will be provided.

28 For every visit Plaintiff takes to health clinic or practitioners, he is taken away from his business

1 State the total and itemize by provider, the amount of medical expenses incurred to date by
2 Plaintiff as a result of the occurrence.

3 **SUPPLEMENTAL RESPONSE NO. 21:**

4 Plaintiff does not know the total amount of medical expenses incurred to date but once
5 the total expenses is determined, they will be provided. Additionally, the medical records and
6 billings speak for themselves and they will be provided upon request.

7
8 **INTERROGATORY NO. 22:**

9 State the name and address of each hospital, clinic or other medical facility in which
10 Plaintiff has been examined or received treatment since the date of the occurrence, and the
11 date(s) of each examination or treatment at each identified hospital, clinic or medical facility.

12 **SUPPLEMENTAL RESPONSE 22:**

13 Please refer to response to #17.

14
15 **INTERROGATORY NO. 34:**

16 If you are claiming any loss of future earning capacity and/or diminished earning capacity,
17 state:

18 a) The factual basis for such claimed loss of future earning and/or diminished earning
19 capacity; and

20 b) the amount you claim for loss of future earning capacity and/or diminished earning
21 capacity.

22
23 **RESPONSE NO. 34:**

24 Plaintiff objects on the bases of vagueness and incomprehensibility. Plaintiff has suffered
25 permanent injury to his finger. This injury of course affects his physical condition. The exact
26 amount of loss for future earning capacity is difficult to determine but if the exact number is
27 determined, it will be provided.

28 For every visit Plaintiff takes to health clinic or practitioners, he is taken away from his business

1 time. Additionally, the pain on his right index finger has been excruciating and often feels like it
2 gets electric shock when the finger is used or suddenly touched and when this occurs, he is cannot
3 attend to his business affairs.

4 During the first couple weeks from the incident, Plaintiff was almost completely absent from his
5 business affairs because the pain and suffering were extreme. As time went on, the other injuries
6 such as the shoulders and shin slowly healed. However, the right index finger continues to be
7 swollen and pain exist.

8
9 **INTERROGATORY NO. 42:**

10 State the names and addresses of all persons known to Plaintiff or his attorneys who have
11 information regarding how the occurrence happened and/or nature and extent of injuries.

12
13 **RESPONSE NO. 42:**

- 14 1. The doctors and nurses who treated Plaintiff.
15 2. Murayama Nobuhiro
16 3. Shinji Yokote
17 4. Ji, Wei Dong
18 5. Keith Ada
19 6. Hermino S. Cadag
20 7. Zhang Yun
21 8. Mika Isayama
22 9. Mr. Linus Mizutani
23 10. Mr. Dexter Macaranas
24
25
26
27
28